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CENTRAL FAX CENTER

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OCT 26 2004

IMPORTANT FAX DOCUMENT

DATE	October 26, 2004
NAME	Mail Stop Amendment Group Art Unit 1751
COMPANY	U.S. Patent and Trademark Office
FAX NUMBER	(703) 872-9306

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FROM	Jacqueline M. Hutter, Esq..
REFERENCE NO.	03269.0109U1
APPLICATION NO.	10/627,945
OUR FAX NUMBER	678-420-9301
NUMBER OF PAGES	10

Re: Patent Application Serial No. 10/627,945
METHODS OF TREATING AND CLEANING FIBERS, CARPET
YARNS AND CARPETS
Filed: July 24, 2003
Reference No. 03269.0109U1

Per the attached Amendment Transmittal, Amendment and Preliminary
Amendment.

Thank you.

CONFIDENTIALITY NOTE

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ATTORNEY DOCKET NO. 03269.0109U1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

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CENTRAL FAX CENTER

Dennis J. Jones, Jr.

Art Unit: 1751

OCT 26 2004

Application No. 10/627,945

Examiner: Unassigned

Filing Date: July 24, 2003

Confirmation No. 3664

For: METHODS OF TREATING AND
CLEANING FIBERS, CARPET YARNS
AND CARPETSTRANSMITTAL LETTER

MAIL STOP AMENDMENT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450
 Facsimile: (703) 872-9306

NEEDLE & ROSENBERG, P.C.
 Customer Number 23859

October 26, 2004

Sir:

Transmittal herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/>	Preliminary Amendment	<input type="checkbox"/>	Petition to Extend Time
<input type="checkbox"/>	Fee as calculated below	<input type="checkbox"/>	Supplemental Declaration
<input checked="" type="checkbox"/>	No Additional Fee Required	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Corrected Drawings	<input type="checkbox"/>	Other _____

CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	23	44	0	X \$18.00		\$0.00
Independent Claims	3	3	0	X \$86.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$290.00		\$
EXTENSION FEE	1 st Month \$110 <input type="checkbox"/>	2 nd Month \$420 <input type="checkbox"/>	3 rd Month \$950 <input type="checkbox"/>	4 th Month \$1480 <input type="checkbox"/>	5 th Month \$2010 <input type="checkbox"/>	\$
<input type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						-\$
TOTAL FEE DUE						\$0.00

**ATTORNEY DOCKET NO. 03269.0110U1
APPLICATION NO. 10/627,945**

Payment:

- A check in the amount of \$0 _____ is enclosed.
- Payment by credit card in the amount of \$0.00 for the fees designated above. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ _____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event an additional fee is required for the Amendment submitted herewith, or an improper payment or overpayment of a required fee has been made, the Commissioner is hereby authorized to charge or credit, respectively, our Deposit Account No. 14-0629 as required for any such fee(s).

NEEDLE & ROSENBERG, P.C.

Jacqueline M. Hutter
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CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to: Examiner: Unassigned, Art Unit 1751, (703) 872-9306, on the date indicated below.

Jacqueline M. Hutter
Jacqueline M. Hutter, Reg. No. 44,792

10/26/04

Date

240693

NEEDLE & ROSENBERG, P.C.
PTO FILING RECORDATION SHEET

SECTION I. DOCKETING OR ATTORNEY / AGENT / PARALEGAL / SECRETARY		
Completed By: Signature: _____ Printed Name: _____		Date: <u>October 26, 2004</u>
Date Received / Atty. Para. Client / Matter Number & Application Serial No.	<u>October 26, 2004 JMH:dlr</u> <u>03269.0109U1</u> <u>10/627,945</u>	
Document(s) Filed	1. Amendment Transmittal (2 pgs.) with Certificate of Facsimile Transmission dated October 26, 2004 2. Preliminary Amcndmt (7 pgs.)	
Certificate Of Mailing Date		
SECTION II. OFFICE SERVICES OR ATTORNEY / AGENT / PARALEGAL / SECRETARY		
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Method Of Mailing:	EXPRESS MAIL (E) Express Mail Number:	REGULAR MAIL (R)
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Time Placed In Mail Box OR Filed With Postal Clerk	Time Filed With Postal Clerk:	Time Placed In Mail Box:
Verified Date Stamp by Postal Clerk Prior to Leaving Postal Window	Verified Date Stamp: YES <u> </u> NO <u> </u>	Verified Date Stamp: YES N/A - (Put In Box)
Returned Express Mail Receipt to Docketing Clerk	YES <u> </u> DATE <u> </u>	
SECTION III. DOCKETING		
Completed By: Signature: _____ Printed Name: _____		Date: _____
Express Mail Receipt Logged At N&R & Given Back to Attorney, Paralegal or Secretary	YES <u> </u> Date: _____ Time: _____	
FACSIMILE (F)		
Fax Completed:	Date: <u>October 26, 2004</u>	Time: _____
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